

# UNIVERSITY OF BIRMINGHAM

## THE NHS CONNECTING FOR HEALTH EVALUATION PROGRAMME

### STANDARD OPERATING PROCEDURES and COMMISSIONING PROCESS

# INDEX

1. Executive Summary	3
2. The Commissioning Process	8
3. Topic identification and priority setting	11
4. The application process	18
5. NHS Research & Development contracts	22
6. Publication and Dissemination	26
7. Appendix 1	27

## **EXECUTIVE SUMMARY**

### **1.0 Introduction**

These Standard Operating Procedures (SOPs) outline the processes for commissioning research as part of the NHS Connecting for Health Evaluation Programme (NHS CFHEP) hereafter referred to as 'the Programme'. It includes details and plans of all stages of the commissioning process from the identification of research topics through to the issuing of contracts and receiving final reports.

The administrative base for the Programme is located at Birmingham University, directed by Professor Richard Lilford. The Director provides overall management of the Programme and is responsible to the National Director of Research and Development and Director of IT Service Implementation at NHS Connecting for Health.

The processes within the Programme will be continually developed and amended. It is proposed that these SOPs are reviewed regularly and that new information from National Programme Manager's Meetings is incorporated promptly. This document has been written in accordance with NHS Research and Development guidelines<sup>1</sup>.

### **1.1 Background**

The NHS Connecting for Health Evaluation Programme was set up in April 2006.

The central aims of the Programme are

1. To commission, manage and bring to a successful conclusion, a programme of urgent research on behalf of NHS Connecting for Health (NHS CFH) which delivers the National Programme for Implementing Information Technology (NPfIT) using its own funding.
2. To influence the longer-term national research programmes to develop capacity in relevant areas and to commission related work.
3. To assist, if appropriate, the DH and United Kingdom Clinical Research Collaboration (UKCRC) in providing access to information collected on computer systems installed under NHS CFH.

The Programme is guided by two core principles, which are taken from the Department of Health's Research Governance Framework (2005)<sup>1</sup>: "Research is essential to the successful promotion and protection of health and well being, and also to modern,

effective health and social care services” and “Proper governance of research is essential to ensure that the public can have confidence in, and benefit from, quality research in health and social care. The public has a right to expect high scientific, ethical and financial standards, transparent decision making processes, clear allocation of responsibilities and robust monitoring arrangements”.

**The core tasks of the NHS Connecting for Health Evaluation Programme are to:**

- Assess the usability, actual usage, functions and impact of pilot and delivered systems and services.
- Provide informative, timely feedback to NHS CFH, contractors, Trusts and other relevant parties about what works, for whom, when and how systems can be improved.
- Disseminate important results to stakeholders in and beyond the NHS.
- Promote an evaluative culture in NHS CFH and the NHS and help build the capacity to carry out good quality evaluation studies on NHS IT.

**1.2 Staff and Location**

Professor Richard Lilford, the Academic Manager and staff are based in the Department of Public Health and Epidemiology at the University of Birmingham.

**1.3 The Programme Executive Group (PEG)**

The Director and Academic Manager along with the Chair of the Programme Advisory Group (PAG) and two desk officers from NHS CFH are mainly responsible for setting the priorities of the Programme.

**1.4 The Programme Advisory Group (PAG)**

The Director is advised by the Programme Advisory Group, drawn from the community of government policy departments, NHS CFH representatives, academics with an interest in Information Technology, a patient representative, and is chaired by Professor Mike Pringle (University of Nottingham). This group meets 2 – 3 times a year and may be consulted electronically in between meetings.

## **1.5 Budget**

The Programme receives its budget from NHS CFH via NHS Research & Development budget at the central secretariat in Quarry House, Leeds. Overall responsibility for financial management lies with the Director, advised by the finance staff at the Department of Health.

## **1.6 Website**

The Programme maintains a website, hosted by the University of Birmingham, which contains full details of the Programme: <http://www.pcpoh.bham.ac.uk/publichealth/cfhep/>

## **1.7 The main aims of the Programme are to:**

- a) Commission evaluative research
- b) Communicate learning about the evaluation of IT
- c) Promote evaluation / research investment and influence other funders
- d) Promote evaluation within the NHS generally

## **1.8 Scope of the Programme**

The main aim of the Programme will be to commission the assessment of IT applications as they are rolled out from the NHS Connecting for Health (NHS CFH). Although our title refers to an 'evaluation Programme' we consider our role to focus on a wider concept of 'assessment'. By assessment, we mean the measurement of the effect of the intervention on the safety, quality and quantity of health care.

The Programme will concentrate on IT systems that have reached the point where they are about to be implemented in the NHS. Clearly such systems must be thoroughly described and such description should include any pre-implementation testing (beta testing) and training given to staff before and during the implementation phase. Moreover the Programme needs to be informed by the best current evidence and a compilation of existing systematic reviews has already been commissioned.

The Programme will be focussed on IT implementations that are seen as the main focus of the NHS CFH. These may include:

1. Extension of the Summary care record – following the early adopter evaluation
1. Detailed care record in secondary care
2. Electronic prescription service in Primary Care

3. Use and scope of IT in healthcare by numerous stakeholders
4. Impact of IT in healthcare across settings and groups

### **1.9 Exclusions**

The Programme will not attempt a global answer to the broad question, “what are the health benefits and costs of the NHS CFH Programme as a whole?” However, by assessing particular implementations that make up key parts of NHS CFH, the evaluation Programme will obviously furnish information of relevance to the global question. The Programme will not sponsor basic laboratory science, such as experiments in cognition and ergonomics relating to IT, since this lies within the province of other funders such as research councils. However, the Programme will inform the basic science relating to IT as a consequence of carrying out assessments of actual implementations. The Programme will not sponsor the development of IT systems (often a task for industry with or without NHS CFH involvement), and telemedicine (already the topic of much research).

**Table 1 Criteria to be considered in selecting topics for assessment**

<u>Criteria</u>	<u>Justification</u>
1. Scale of IT implementation	The greater the cost, the greater the opportunity for cost effectiveness/ineffectiveness.
2. Ambition – extent to which implementation may impact on patients	Opportunities to both improve and undermine safety are greatest when IT affects clinical processes.
3. Novelty (in an English context)	Some topics are already quite well studied, (e.g. decision support). Some still need study in an English context (e.g. picture archiving in acute trusts)
4. Feasibility of prospective evaluation and controlled observations.	The scientific strength of a study is undermined if these criteria cannot be met.
5. Extent to which future NHS CFH implementations may be influenced by results	Some systems have been or will be implemented universally in a fixed form.

**The main outcomes of the Programme are likely to be:**

1. Research is commissioned which is relevant to NHS CFH priorities
2. Assessments will be conducted on the implementation of IT that go beyond internal evaluations
3. Evaluations will be conducted over multiple sites
4. Evaluations will be controlled for time and place
5. A range of research will be commissioned which is useful for the short, medium and longer term.

**Channels of communication between NHS CFHEP and NHS CFH**

The main channels of communication between the Programme and NHS CFH can be found at: <http://www.pcpoh.bham.ac.uk/publichealth/cfhep/news.htm> - [Standard%20Operating%20Procedures%20\(SOP](#)

## **2.0 THE COMMISSIONING PROCESS**

### **2.1 Overview**

The NHS Connecting for Health Evaluation Programme (NHS CFHEP) is funded by the NHS Connecting for Health (NHS CFH) implementing the National Programme for IT (NPfIT) via the Department of Health through a Service Level Agreement.

**2.2 The Programme Executive Group (PEG)** provides an informed perspective on the evaluation needs and priorities of NHS Connecting for Health.

#### **Terms of Reference:**

- To ensure that the Programme has effective management controls in place to ensure it achieves its deliverables and meets research governance requirements
- To collate information about evaluation activities and resources within NHS CFH of relevance to the Programme
- To provide prioritised guidance to the Programme Team on evaluation activities of direct use to NHS CFH
- To ensure access by the Programme staff, applicants and commissioned organisations to relevant individuals and teams within NHS CFH
- To review and sign off work plans, calls for proposals, recommended commissions, and other materials as required
- To quality-review the Programme deliverables and provide sign-off on behalf of NHS CFH and the Department of Health
- To resolve issues of immediate relevance to the Programme and provide advice and escalation in order to resolve issues or risks to the Programme
- To oversee the Programme Advisory Group and ensure that it provides effective expertise to the Programme as required

The membership will be no more than five people including:

Professor Richard Lilford (Director of the Programme)

Professor Mike Pringle (Chair)

Professor Philip Candy (Desk officer for NHS CFH)

Mrs Jo Foster (Academic Manager of the Programme)

Ms Mave Smith (Head of National Training Platforms, ETD Programme)



This group reports into what was the Service Implementation Board, now the joint Board for Service Implementation, OCCO, COMMUNICATION and Stakeholder Engagement.

**2.3 The Programme Advisory Group (PAG)** has been set up to advise on appropriate research/evaluation questions within defined priorities provided by the Programme Executive Group (PEG). These relate to the evaluation of deployments carried out under the National Programme for IT (NPfIT), to review overall progress of the Programme, and to oversee organisational arrangements, scientific rigour and financial probity of the Programme. The PAG complies with and is based on principles laid out according to current DH guidance on Research Governance<sup>1</sup>

**Terms of Reference:**

- To provide a forum for the representation of various stakeholder views on the purpose and priorities of the Programme
- To contribute, where required, to the development and targeting of proposed calls for proposals relating to their individual expertise
- To connect the Programme to broader research and evaluation activities both within and outside the health sector
- To provide the Programme with up to date developments in relevant research, evaluation methods, strategies and findings
- To advise on and facilitate the dissemination and, where appropriate, application of findings and insights resulting from the Programme's work
- To oversee the financial, intellectual and organisational probity of the Programme

Relationship to the Programme Executive Group: The Advisory Group is larger, and meets less frequently, than the Management Group (2-4 times per year). The Programme Advisory Group is drawn from the community of government policy departments, NHS CFH representatives, academics with an interest in Information Technology, representatives from local implementation teams and a patient representative. The group's responsibilities are limited to approving the variations to the work plan in terms of focus and priority and the budget profile for the Programme each year, receiving and approving the annual report including financial statement each year. It will also advise on the organisational arrangements and structures through the ongoing development of standard operating procedures (SOPS). Operational issues are

the responsibility of the Programme Executive Group. The Chair of both groups is the same.

The role and responsibility of commissioners and sponsors are highlighted in Department of health *Research Governance: Framework for Health and Social Care*<sup>1</sup> Second edition, 2005 and are included in this document as Appendix 1.

### **Terms of Office**

Those members that are there in a personal capacity, i.e. not related to their current post, are invited to join by the Programme Director. The term of office is for 4 years.

### **Meetings**

Members are expected to attend all meetings. Any member who does not attend 2 consecutive meetings will be contacted to ensure they still wish to be a member of the Group.

### **3.0 TOPIC IDENTIFICATION and PRIORITY SETTING**

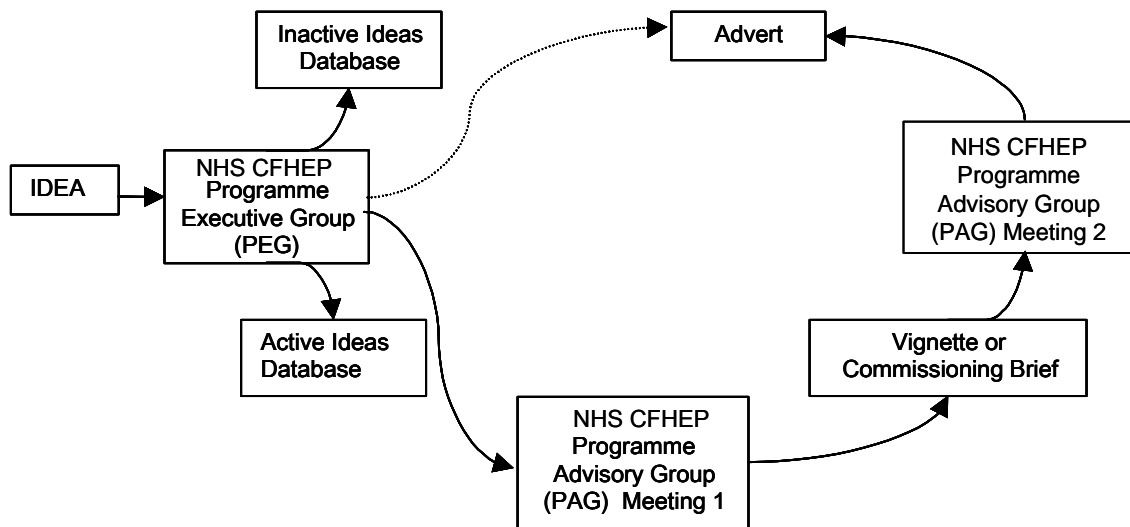
New ideas/topics are identified by various methods (see below), and are assessed by the PEG to determine relative priority in relation to NHS CFH activities. Those that meet these criteria will be put to the PAG for a discussion of specific research questions within the topic area.

Criteria for considering ideas by PEG:

- a) Value of results (especially patients)
- b) Phase in implementation cycle - researchability
- c) Use of results by NHS
- d) Its unique nature
- e) Insights for other Programmes
- f) Generic lessons learnt for academic / wider community

Once a specific evaluation question is defined, a vignette and/or a call for proposals is prepared, giving more detail about the research question relating to the topic and setting it in the context of other ongoing and published work. These may then be circulated to individual PAG members with appropriate academic or pragmatic expertise for further refinement (usually by email). The PEG makes a final decision to take forward to a full call for proposals and advertisement. The PEG authorise the advert and call for proposals and NHS CFH Communication team are notified.

## OVERVIEW OF THE COMMISSIONING CYCLE



### 3.1 Identification of research topics

Individual citizens, practitioners and researchers with ideas may contact the Programme Director or his Academic Manager directly (or via the department's website at <http://pcpoh.bham.ac.uk/publichealth/cfhep/>). As the Programme Director, Director of the Patient Safety Research Portfolio and the Scientific Manager of the National Co-ordinating Centre for Research Methodology, Professor Lilford discusses issues of policy relevance with officials at NHS CFH, Department of Health, NPSA and other government departments and agencies. International colleagues contribute to discussions including representatives from Europe, North America and Australia. Colleagues within NHS Trusts, SHA's and Primary Care may also approach the Programme to discuss current issues. Other ideas may be generated from the Programme itself or as a result of completed projects, or the product of organised workshops.

Consumer groups are encouraged to help generate ideas. In recognition that sources of ideas will increase and that there is potential duplication with other government organisations with an interest in Connecting for Health Evaluation (e.g. SDO, MRC, EPSRC, ESRC) the Programme will co-ordinate the dissemination of ideas and prioritise the future research agenda.

Ideas for research topics may come from a variety of sources, including those:

1. identified as a product of workshops for defined NHS CFH priorities

2. identified by the Programme on analysis of previous systematic reviews
3. sent directly to the Programme from either individuals or organisations
4. identified by the Programme through discussions with stakeholders including NHS CFH and DH.

All ideas are subject to selection by the PEG for fit with NHS CFH priorities. Ideas that do not get selected will be referred to other NHS R&D funding bodies where appropriate.

### **Responding to requests to consider an idea**

Those submitting ideas to the Programme are asked to submit an idea on a standard proforma with a standard email, which outlines our commissioning process. It is made clear at this point that we encourage individuals with research ideas to outline briefly the proposed research question along with a rationale for the study along with some background literature. They are advised that their idea is filed and presented to the PEG for identification of relevance to NHS CFH priorities. Those that meet the criteria will be presented to the PAG for refinement and a more detailed specification. Following specification, the idea is prioritised as requiring a vignette or full call for proposals to be developed by the Programme, with or without the involvement of the relevant NHS CFH implementation team and relevant expertise in the field. It is made clear that once an idea has been developed and advertised the originator of the idea is free to apply for research funds, but needs to be aware that all applications are subject to open tender and peer review, and thus there is no guarantee that the originator of the idea will be awarded funds to carry out the research. Those individuals who are not prepared to share their ideas in this way are advised to bid for funds from elsewhere (e.g. MRC). The standard ideas proforma can be found on the Programme website.

### **The Ideas Topics Database**

When the Programme receives new ideas, a decision to present it to the PEG is made. In general, any idea is considered, unless it is covered by ongoing work, or has previously been rejected. However, some rejected ideas may be re-presented if there is a change in their relevance to the Programme. It is envisaged that the Programme will share the database with NHS CFH to avoid duplication. Following priority setting, a summary of ideas and their relative progress will be published on the Programme website in order to inform potential contributors and to avoid replication.

## **3.2 Prioritisation of topics**

### **Overview**

Once a list of ideas has been generated by the Programme, they are presented to the PEG to prioritise, and decide which should be investigated further in relation to NHS CFH defined priorities. Some topics may be considered as potential 'single tender action'. The criteria for these projects will be defined by the PAG and determined by existing DH procurement policies.

### **Before the Advisory Group Meeting**

Once a topic has been agreed by the PEG it will be distributed to the PAG in advance of the meeting. A list of ideas available for consideration is distributed, so that members have a chance to look through them, and vote them into four categories: 'A': Ideas to be developed for next meeting, 'B': Positive response but need is not immediate/idea needs clarification, 'C': negative response but to form part of the maintenance agenda, and 'D': Idea has been dropped. The results of this vote are collated, and the consensus ranking is presented to the meeting for discussion.

### **The Advisory Group Meeting**

The Programme advisory group are convened to further prioritise topics for research, advise on dissemination / application and oversee probity in relation to scientific / financial viability. The Advisory Group meets 2 – 3 times each year and it is at these meetings that the decision to investigate certain ideas further is made along with a more detailed specification of the research question.

#### **Criteria for prioritisation:**

1. Potential value of results to NHS CFH, the wider NHS and patients
2. The potential contribution in meeting published government policy requirements
3. Phase in implementation cycle – the ability to evaluate implementation plans as they are rolled out from NHS CFH
4. Potential contribution to future evaluation of IT solutions
5. The importance of the topic in implementing IT solutions in healthcare – size of the problem being addressed by the researcher. The potential uniqueness of the topic area

6. The potential insights for other NHS R&D Programmes
7. The degree to which generic lessons can be learnt for academic / wider community
8. The potential of research to provide solutions in practice; is the research likely to be feasible and ethical, are the results likely to be valid?

Individual members with appropriate academic or pragmatic relevant expertise may also be asked to contribute to the development and review of the vignettes and / or calls for proposals produced by the Programme as a result of the prioritisation of topics at previous meetings (see “Further Investigation of Ideas” below). If a vignette indicates that there is a need for further research, and it is within the scope of the Programme, then the vignette can then be expanded to produce a Call for Proposals (see below for details).

### **3.3 Further investigation of ideas**

#### **Preparation of Vignettes**

Vignettes are brief (1,500 words) summaries of existing research concerning the topic, with a presentation of possible research questions and research methods. Particular attention is paid to potential overlap with other funded research in progress in the UK or internationally. Following the decision to investigate a topic further, a vignette will be prepared by the Programme in collaboration with appropriate experts, those within the group who were involved in discussing the topic and relevant representatives from NHS CFH implementation teams. In exceptional circumstances the vignettes may be prepared by external expertise (through a single tender contract) but generally it is expected the Programme and group members will prepare them.

#### **Processing vignettes**

Vignettes can be prioritised and further refined at the following group meeting. If the vignette indicates a need for further research it can be expanded to produce a call for proposal.

### **Calls for proposals**

The Programme in relation to the agreed vignettes, having established the relevant background literature, the appropriate research methodology, length of the project, and the cost, will produce calls for proposals. Draft calls for proposals may be sent to members of the PEG, PAG and nominated members of NHS CFH for comment. Before proceeding any issues over Intellectual Property Rights (IPR) should be highlighted by the group. Once the advert and call for proposals are finalised the PEG agree to proceed and NHS CFH COMMUNICATION team are informed. The topic is then advertised nationally (and internationally) and supplied to all applicants expressing an interest in the advertisements. The above process may be truncated if there is an urgent policy need. The full details of each project and the Programme application form will be available from the Programme, Department of Health and the NHS CFH websites.

### **3.4 Fast tracking and consideration of Single Tender Action**

As the Advisory Group meetings are only held 2 – 3 times a year, the commissioning process may become a little protracted. It is possible to expedite the process by consultation with the PEG and Advisory Group between meetings, usually via email, to elicit opinions on ideas/vignettes, and get approval from the group to move from idea/vignette to commissioning brief before the next meeting.

On rare occasions, where there is an urgent policy need, it is possible to assign a topic as a single tender action. This can also occur for the extension of an ongoing project where a) the work concerns a new contract that is directly related to a recently completed contract and the added value gained from the additional work being given to the same contractor outweighs any potential reduction in price that may be derived through competitive tendering; or b) the expertise required is only available from one source.

### **3.5 Project management**

Staff at the Programme aim to meet weekly to keep up-to-date with the Programme management i.e. ongoing projects, the writing of commissioning briefs/vignettes and budget alterations.



### **3.6 Budget**

The budget is maintained by the Academic Manager. It is updated when necessary, and printouts held in the file. The electronic file is password protected to prevent unauthorised alterations. Copies of the budget profile are sent quarterly to Department of Health and NHS CFH. Three budgets are prepared:

- a) Overview of research expenditure on a project by project basis
- b) Detailed Programme expenditure
- c) Management contract expenditure (annually)

The profile of research expenditure is reviewed annually with NHS CFH / DH by 31<sup>st</sup> March. Under expenditure will be returned to NHS CFH by 31<sup>st</sup> January each financial year. Variations to contract are required to re-profile the research award on a yearly basis.

## 4.0 CALLS FOR PROPOSALS

The Programme envisages the need for three standard templates for calls for proposals. These reflect the range of possible sets of proposals that will be required for the Programme:

- i) Calls for proposals asking for independent research groups to evaluate the implementation of an IT solution
- ii) Calls for proposals asking for collaborators (university and hospital based) locally close to and working with a manufacturer implementing an IT solution
- iii) Calls for proposals from manufacturers wishing to evaluate the implementation of their IT solution with an agreed valid evaluation tool which would stand up to independent scrutiny.

### 4.1 Advertising

Once the call for proposals and the advertisement has been finalised, the advertisement may be placed in the following:

**For a fee:** The Health Services Journal (HSJ), Quality and Safety in Healthcare (QSHC) Journal, The British Medical Journal (BMJ), International Journal of Medical Informatics  
Others to consider include: The Journal on Information technology in Healthcare, The Journal of Healthcare Information Management, International Journal of Healthcare Technology and Management, Journal of Medical Internet Research.

**For no fee in:** Research Fortnight, OJEC (Official Journal of European Communities – obligatory), The National Institute for Health Research (NIHR) website ([www.nihr.ac.uk](http://www.nihr.ac.uk)), Dept. Of Health website, The Health Service Research Mailbase, The RD/Info Website, The NHS R+D Forum Web site, <http://www.rdforum.nhs.uk>/ NHS CFHEP Mailing List, the Programme website and the NHS CFH website.

### 4.2 Application process

Application forms can be downloaded from the following websites: NHS CFHEP, NHIR, DH, NHS CFH, or sent by post. Standard Department of Health Application forms are used and if a University is the host organisation, the estimate of costs must be calculated using full economic costing (fEC). The management team at Birmingham University

answer general queries regarding the application process. Scientific enquiries are forwarded to The Programme Director, or a Research Fellow, or an appropriate expert external to the Programme. Enquiries and responses are recorded on the standard database to ensure equal and fair attention to prospective applicants and this is shared with the relevant NHS CFH implementation team.

Applications are sent by post and electronically to the management team on a fixed submission date. Applicants are expected to register their interest prior to this date. Once applications are received, electronic versions are stored and applicants identities stored on the database for cross checking with potential conflicts of interest with potential reviewers / selection panel members.

Applicants are expected to agree to the terms and conditions of the standard DH contract (with amended IPR clauses if applicable) prior to submitting their application. Standard application forms, guidance notes and standard DH contracts can be found on the Programme website.

#### **4.3 External peer review of proposals**

##### **Selection of Referees**

Peer reviewers are selected by staff at the Programme, based on their knowledge of the experts in the area of research, potential conflicts of interest and ensuring all relevant stakeholders are involved. Applicants are also asked to provide the names of up to 3 potential referees, on the understanding that there is no obligation for the Programme use them. It is usual for there to be up to 3 referees per project. The identity of peer reviewers is confidential and will not be released to any applicants. Where appropriate NHS CFH will be approached to nominate a referee on a project-by-project basis.

The following are **not** used as referees:

Anyone who is an applicant or co-applicant of any proposals, including anyone who was not successful at any outline proposal stage.

The following should not be used if possible: Anyone who has refereed within the last twelve months, anyone who works in the same organisation as anyone listed on the proposals under consideration, or who works in the same department as an applicant or

co-applicant, and anyone known to be currently collaborating in any project with an applicant or co-applicant.

## **Documents**

The peer reviewer will be sent a covering letter detailing particular requirements for that review and date for return of peer review comments. They will be sent a copy of the Programme reviews form, to be completed for each proposal, a copy of the commissioning brief and evaluation criteria, and copies of relevant proposals. The reviewer will be given the option of receiving hard copies of the proposals. When the peer review comments are returned they are used by the Selection Panel to inform their decision as to which project(s) to select for funding.

## **4.4 Selection panels**

Once all applications have been peer reviewed a selection panel will be convened. Selection panels may consist of a representative from each of the following sectors: NHS CFHEP, NHS CFH, PAG member, DH, Subject expert, Academic expert.

Selection Panel members receive copies of all proposals, peer review comments and the call for proposals 2 weeks prior to the meeting.

## **Conflicts of interest**

Selection Panel Members are asked to declare any conflicts of interest and to absent themselves from the section of the meeting that applies to the conflict.

## **Confidentiality**

The selection panel members are advised of the confidentiality of the decisions of the meeting. The successful applicant for each research call cannot be announced until the contract has been signed. This is because applicants may have to revise their proposal as a result of selection panel recommendations.

## **Selection process**

For each research call the group should narrow down the applications to the strongest competitors. Members will be encouraged to comment on each application in turn and then recommend those that should be discussed in further detail. For each applicant

notes are made of their relative ranking, strengths and weaknesses of their application and suggested amendments for successful candidates.

### **Criteria for assessment of applications**

These can be found in Appendix 1.

## **4.5 Feedback to applicants**

### **Successful Applicants**

The lead applicant of successful projects will receive the non-confidential comments from the peer reviewers at this stage. Confidential comments are for the Selection Panel and will not be passed on to any of the applicants.

A statement from the Selection Panel on their decision will be passed on to the lead applicant. More detailed comments from the Selection Panel may be given to those researchers who are successful to enable them to make changes or clarifications to their proposals prior to the Programme funding it. The confidential report from the selection panel will not be passed on to any applicants.

If a proposal needs to be amended, the applicant resubmits and it is sent to the panel members by email for further comment and permission to proceed to the contracting phase.

### **Unsuccessful Applicants**

The lead applicants of the proposals that are unsuccessful receive the non-confidential comments from the peer reviewers at this stage. Again, confidential comments are for the selection panel only, and will not be passed on to any applicants.

A statement from the Selection Panel on their decision will be passed on to the lead applicant. Brief comments may also be given, if the Selection Panel feels it is appropriate. The confidential report from the Selection Panel will not be passed on to any applicants.

## **5.0 NHS RESEARCH & DEVELOPMENT CONTRACTS**

Once the successful proposal has been chosen and agreed by the Programme Director a letter of confirmation should be sent to the lead researcher and copied to NHS CFH Communication team in confidence. The contract can then be issued. The applicants signed proposal and subsequent amendments are inserted into Section 3. Two copies are sent to the host institution for signature and returned to the Programme. These are then forwarded to the DH for their signature. Once returned, the Programme retains one copy and the host institution receives one copy. A copy will be sent to NHS CFH for their records if required.

The Department of Health set up an account which is only activated following receipt of confirmation of start date and ethical approval (if required).

### **5.1 Issuing A Variation To Contract**

The Programme will issue a variation to contract when the terms of the initial contract need to be reviewed (i.e. if the project needs to be extended in time or money and the schedule of payments are changed, or if the methods are revised substantially) and sent directly to the Research Office of the contractor's institution. Once two signed copies are received by the Programme and forwarded to DH for signature and returned, one copy remains with the contract, and one is returned to the Principal Investigator.

### **5.2 Monitoring Process**

The Academic Manager monitors contracts issued by the Programme through the receipt of 6-monthly interim reports, and ad-hoc meetings with the researchers to discuss any issues. Once the contract is signed, the Principal Investigator is expected to set up an internal steering group and inform the Programme of the membership. Guidance for setting up external steering groups (where this is necessary) is available on the Programme website. Results of interim reports are fed back to NHS CFH via the PEG and PAG.

In addition, the Programme will set up a core steering group to monitor all projects commissioned by the Programme. Principal Investigators will be expected to present progress and interim findings at regular meetings, which will be communicated, to NHS CFH and the PAG.

### **5.3 Core Steering Goup**

All Projects commissioned by the NHS CFH Evaluation Programme are required to set up external steering groups. However it is proposed that the Programme also sets up an additional core group to take an overview of all projects as they progress. All current grant holders, their research teams and their external steering groups will be invited to present their progress and interim findings. This proposal sets out the possible terms of reference for this group.

**Frequency:** Annual meeting

**Venue:** To be negotiated based on geographical location of attendees

**Core Steering group membership:** NHS CFHEP, Programme Advisory Group, Key NHS CFH stakeholders, external academic expertise, consumer representatives, Key NHS stakeholders.

**Aim:** The Core Steering group will be the main governance for NHS CFHEP commissioned projects in addition to contractual requirements for interim and final reports.

**Objectives:**

1. To monitor projects against the contracted proposal and original call for proposals in terms of methods, timescales and resources in addition to interim reports
2. To provide a forum for discussion of interim findings with key stakeholders
3. To provide a forum for research groups to share ideas across the portfolio of projects
4. To provide critical review and advice on possible changes in scope and methods as the projects progress
5. To consider in advance, possible publications arising from the project
6. To discuss future dissemination activities related to specific stakeholder groups for each project

### **Database Reminder System**

As part of the monitoring process, an Access database has been set up, listing the dates that interim and final reports are due. As this is done, the dates are also entered on an automatic reminder system. Reminders of reports due are sent to the Academic

Manager and Deputy Programme Manager, who can then generate a letter to the Principal Investigator.

#### **5.4 Interim Reports**

The standard reporting period in the Department of Health contracts is every six months or one report halfway through the contract period if the contract is less than 16 months long. This can be varied. A standard report form is sent to the Principal Investigator. The Academic manager monitors these reports for issues that may require variations to contract in terms of timescales, costings or changes to agreed methods or data collection tools. Progress reports are forwarded to the Programme Director, and PEG. It is unusual to require external review at this stage but may be considered in exceptional circumstances.

#### **Emergency Visits or Meetings**

These may be arranged at any point in the life of a project, where the Programme Director / Academic Manager are concerned with the progress of a project.

#### **5.5 Final Reports**

The standard requirement in the Department of Health contract is for the provision of the final report within 14 days of the completion date, or date of termination. The database automatic reminder system is set to pick up on these dates. The draft final report should include 'The data, methods, results and final conclusions together with management information and any other information relating to the project up to the completion date.'  
A draft executive summary must also be provided.

A standard format for final reports is available on the Programme website.

The Programme is required to be notified of any publications submitted arising from the research at any stage of the project.

#### **Peer review of the final report**

1. Peer reviewers may be the people who reviewed the proposal originally. Peer reviewers should be allowed one month to review the final report.



2. Each draft final report should be reviewed by at least two people. Each peer reviewer will only be asked to review one draft final report in any given year. Peer reviewers should be given a month to review a draft final report.
4. The selection panel may receive the executive summary of the draft final report and an email informing them of the process. They can request a copy of the entire draft final report if they wish to see it.
5. Peer review comments and the draft final report should be sent to the Programme Director and the Academic Manager for comments. Following receipt of comments the Academic Manager should write a letter to the Principal Investigator sending them a copy of the peer review comments in an anonymous format, asking them for any necessary revisions to the draft final report.
6. The Principal Investigator will normally be given one month to submit a final revised report, however this may be negotiated.
7. Following submission of the final revised report, the Programme Director formally indicates his satisfaction with the changes to the final report. It can then appear on the Programme website (with a copy to NHS CFH) and other forms of dissemination can be considered.

## 6.0 PUBLICATION & DISSEMINATION

The dissemination of research findings aims to target and tailor the research findings to a particular audience. This may occur in the following ways:

- a) Publication of the final report on the Programme website
- b) Notification of website publication the Programme mailing list
- c) Copies of final report to DH, NHS CFH, CMO, and other major stakeholders as appropriate
- d) The Programme to host presentation of results workshops to major stakeholders
- e) Abstracts via NHS CFH publicity sheets to NHS Trusts
- f) Encourage investigators to publish findings in peer reviewed journals
- g) Encourage investigators to present findings at appropriate conferences
- h) Ensure policy makers are aware of particular findings related to the current policy agenda
- i) Ensure recommendations for further research are communicated to the PEG and Programme advisory group for consideration.

### Reference

1. Research governance framework for health and social care: 2<sup>nd</sup> edition (2005) Department of Health, Crown Copyright.  
[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4108962&chk=Wde1Tv](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4108962&chk=Wde1Tv)

## Appendix 1

# NHS Connecting for Health Evaluation Programme Evaluation Criteria

- 1 Scientific quality
- 2 Clear leadership of the work and evidence of effective research management (name of accountable individual within the organisation).
- 3 Adequate qualifications and experience of team (names of team members); should show an appropriate multidisciplinary mix, understanding of the area, and experience of designated methodologies (applicants CVs).
- 4 Organisational capacity and flexibility to undertake the work given other commitments and contingencies (institutional CV). Demonstration of expeditious roll-out and completion of projects, through, e.g., evidence of long-term employment of staff backed up by substitution funding, rather than the use of temporary researchers.
- 5 Reasonable timetable of work to ensure timely completion of the project, including any reports.
- 6 Experience of:
  - 6.1. undertaking similar work in other sectors (examples, with references; evidence of track record of producing good quality work in this and related areas of research).
  - 6.2. working with other public sector organisations (examples required)
  - 6.3. international research collaboration, if the commissioning brief indicates that this is a desirable or required feature of the project (examples required).
- 7 A clear understanding of the purpose / objective of the work and its importance.
- 8 Evidence that:
  - 8.1. the organisation will consult appropriately with all relevant parties;
  - 8.2. that diverse perspectives will be considered;
  - 8.3. the research team will co-operate with other research groups working in this or other related areas.
- 9 A well-presented, logical tender using plain English (judged by submission).
- 10 Innovation.
- 11 Value for money. Tender prices will be reviewed in association with the areas above to determine if the level of funding requested is appropriate for the work proposed.
- 12 That patient involvement is considered appropriately in relation to the research question.